# **Application Data Sheet**

Secrecy Order in Parent Appl.?::

## **Application Information**

Application number:: Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	ENHANCED CHANNEL ACCESS MECHANISMS FOR AN HPNA NETWORK
Attorney Docket Number::	03493.00337
Request for Early Publication?::	NO
Request for Non-Publication?::	YES
Suggested Drawing Figure::	1
Total Drawing Sheets::	9
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Wei

Middle Name::

Family Name:: Lin

Name Suffix::

City of Residence:: Warren

State or Province of Residence:: NJ

Country of Residence:: Somerset

Street of mailing address:: 8 Softwood Way

City of mailing address:: Warren

State or Province of mailing address:: NJ

Country of mailing address:: US

Postal or Zip Code of mailing address:: 07059

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Matthew

Middle Name:: J.

Family Name:: Sherman

Name Suffix::

City of Residence:: Succasunna

State or Province of Residence:: NJ

Country of Residence:: US

Street of mailing address:: 4 Atlantis Drive

City of mailing address:: Succasunna

State or Province of mailing address:: NJ

2

Country of mailing address::

US

Postal or Zip Code of mailing address::

07876

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Status::

**Full Capacity** 

Given Name::

Middle Name::

Family Name::

Name Suffix::

City of Residence::

State or Province of Residence::

Country of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

#### **Correspondence Information**

Correspondence Customer Number::

22907

#### Representative Information

Representative Customer Number::

22907

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/269,354	02/20/01
This Application	Non-Provisional of	60/269,861	02/21/01

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
***************************************			

#### **Assignee Information**

Assignee name::

AT&T Corp.

Street of mailing address::

32 Avenue of the Americas

City of mailing address::

New York

State or Province of mailing address::

NY

Country of mailing address::

US

Postal or Zip Code of mailing address::

10013-2412